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CASE OF TRACHEO-BRONCHIAL CROUP OCCURRING IN AN ADULT.

[Read before the Providence Medical Association by G. L. COLLINS, M.D., and communicated for the Boston Medical and Surgical Journal.]

THE subject, a young man, S. M. B., æt. 22; single; a native, and, until recently, a resident of Rehoboth, Mass. His parents are living and healthy. He had, previously, generally enjoyed good health. In early life he had had frequent croupy attacks, though of not unusual severity. A sister had suffered from pretty severe attacks of croup, every winter, up to the age of 12 years. Consumption had destroyed some members of the family, and the subject of these remarks had felt some anxiety as to the state of his own lungs—ever looking with suspicion upon any disturbance there. About one month before the present attack, he had left the employment of the farm for that of the shop, and became a dry-goods clerk for a house in Boston. Connected with the establishment was a cellar, or basement, in which goods were stored. In this cellar it was frequently necessary to pass some time after having been employed in the August atmosphere of the sales-room above. He had been so employed the day previous to Sunday, Sept. 2d, 1855, which day he spent with his friends at Rehoboth, and began to complain of slight soreness of the throat. On the following day he thought it had disappeared, and returned to his business in Boston. On Tuesday the soreness of the throat returned, with great hoarseness, and a marked feeling of soreness in the trachea. He thought it merely the effect of an ordinary cold, and continued his occupation, as usual, until Thursday afternoon, when he felt too unwell for further duty, and went to his boarding-house. He came to this city on the following day, Friday. He had used no remedies up to this time. This evening his sister, with whom he was, administered a warm foot bath, and gave him a "sweat."

On Saturday, Sept. 8th, at 8 o'clock, A. M., he walked about half a mile to my office, and presented himself for advice. His pulse was 80, full, but soft and compressible. Skin cool. Tongue a little furred. Submaxillary glands a little swelled, particularly

on the left side, and sore to the touch. He could speak only in a whisper. He spoke of soreness of the throat, extending down the trachea into the lungs. He complained when the larynx or trachea was compressed. The fauces were but moderately inflamed. The tonsils were a little enlarged, and both of them nearly covered with a thick, dense, whitish membrane, which adhered firmly and dipped into the glandular crypts. He had but slight and infrequent cough, but always giving him pain in the larynx and trachea. It was not particularly dry nor croupy. There was an evident attempt at suppression on account of the pain which it produced.

I made a free application of a 60 grain solution of nitrate of silver to the fauces and tonsils, and ordered ten grains of calomel with ten of rhubarb, to be followed in four hours by half an ounce of castor oil. He was also directed to take one sixteenth of a grain of ant. et potas. tart. once in two hours; to drink freely of flaxseed tea, and apply volatile liniment to the throat externally. Diet—thin gruel and rice-water; to keep warm within doors.

On the afternoon of this day he wished to walk out of town to his father's, a distance of six miles. He was only prevented by the remonstrances of his sister.

Sept. 9th, 10, A. M.—I called at his residence according to previous arrangement. He was up and dressed, and about the house. The cathartic had operated freely. His pulse 88, and his cough a little more loose. He thought his throat less sore. Internally, it presented nearly the same appearance as yesterday. I directed the continuance of the antimony and demulcents; to gargle the throat with a strong decoction of sage.

Sept. 10th, 9 o'clock, A. M.—Found him up and dressed. Condition but little changed since last visit. I applied the nitrate of silverto the tonsils, and continued the treatment as before.

11 o'clock, P. M.—I was sent for on account of urgent dyspnœa. I found his cough had been more troublesome, and that he had, in a severe paroxysm, expectorated a large patch of a white tough substance, which, from the description, I had no doubt was a portion of false membrane. He referred his distress to the upper part of the chest. The position most comfortable was the semi-recumbent. Pulse 100, full and firm. There was a good deal of mucous rattle about the upper portion of the lungs, particularly upon the right side. I applied a large sinapism to the chest, and directed a more free use of the antimony, with five grains of Dover's powder once in four hours, if very restless.

Sept. 11th, 9 o'clock, A. M.—I again found my patient dressed and sitting up. He had vomited once during the night, by which he seemed much relieved. He had taken three of the Dover's powders, and had a comparatively comfortable night. He expressed himself as feeling better. His pulse was 98; still full and firm. He had expectorated about a pint of darkly opalescent, tough, viscid mucus. The medicines prescribed last evening were continued.

7 o'clock, P. M.—His pulse had risen to 112; otherwise about the same as at the last visit. He said he breathed more freely than on the previous evening. He had expectorated about half a pint of similar matter to that described at the morning visit, excepting that portions of it were more yellowish, resembling a slight admixture of pus. It also contained some debris of false membrane. One large thick patch was found, an inch and a half long by three fourths of an inch broad. I continued small doses of the antimony once in three hours, to alternate with one grain of calomel and three grains of Dover's powders.

Sept. 12th, 8, A. M.—He had had a bad night. The dyspnœa had returned with increased urgency. The pulse had risen to 120; soft and depressed. Breathing short and hurried, with loud mucous rattle. The face showed marks of lividity, the lips purplish, and everything indicated the imperfect oxidation of blood. The indications for treatment being changed, he was put upon stimulants, consisting of carbonate of ammonia, wine whey and brandy. These remedies were, however, administered without the slightest effect. He continued to sink very rapidly, and died at half past 2 o'clock, P. M.

He insisted upon being dressed this morning, and sat up in a rocking chair a large part of the forenoon. I found him in this position at my last visit, at 1, P. M., conversing with his father. For the last six or eight hours his mind was occasionally a little wandering, though it was readily recalled, and he remained conversing until a very few moments before death.

Autopsy, Sept. 13th, 11 o'clock, A. M., 20 hours after death.—According to the wish of the family, the lungs and heart only were examined. Rigor mortis moderate. Death-patches rather extensively developed. There was about one ounce of serum in the pericardium. The heart was normal; the blood rather slightly coagulated, much of it fluid. The lungs did not collapse on opening the chest. There were a few ounces of serum in the right pleura. There were very slight old adhesions at the apices of both lungs. A few old scattered tubercles at the apex of the left. Both lungs were highly congested. The right had suffered from pneumonic inflammation, and about one sixth of it, the base, was passing into hepatization. On examining the trachea and bronchial tubes, which were completely filled with viscid mucus, it was found that the exudation membrane had extended itself continuously over the whole of the air passages, to the most minute ramifications. In the upper portion of the trachea the membrane had become detached and had been expectorated, leaving the surface swollen, dark-red, and congested. In some places there appeared abrasions of the mucous membrane, with very deep red points or spots. The membrane, near the bifurcation, was a line in thickness, yellowish-white, tough and firm, adhering but slightly to the mucous membrane; and when removed, that surface was left of a bright erysipelatous hue. The membrane, on passing deeper into the lungs, gradually

became thinner—but always maintaining its firm dense structure and perfect tubular form. It was found throughout the right lung a little thicker and stronger than in the left. It could be traced easily through all the bronchial ramifications, and portions of from two to three inches long could easily be pulled out. In the finer ramifications an arborescent group could thus be extracted, looking like the rootlets of a plant, many of them not larger than a cambric thread. I think the very finest ramifications were solid cylinders.

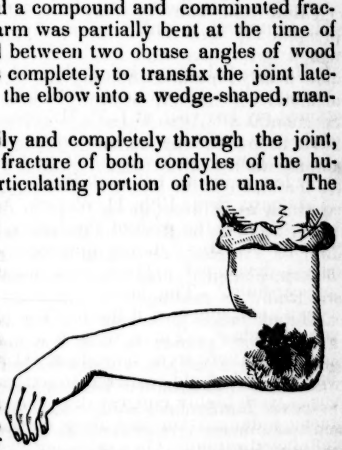
EXCISION OF THE ELBOW-JOINT.

BY ALFRED HITCHCOCK, M.D., FITCHBURG, MASS.

[Reported at the Annual Meeting of the Massachusetts Medical Society, May 28th, 1856, and communicated for the Boston Medical and Surgical Journal.]

HENRY LAWRENCE, aged 47, formerly conductor on the Fitchburg Railroad, on the 25th of October, 1855, while shackling cars at the depot in this village, sustained a compound and comminuted fracture of the left elbow. The arm was partially bent at the time of the accident, and was crushed between two obtuse angles of wood and iron, in such a manner as completely to transfix the joint laterally and convert the apex of the elbow into a wedge-shaped, mangled mass.

The forefinger passed readily and completely through the joint, revealing a very comminuted fracture of both condyles of the humerus and the whole of the articulating portion of the ulna. The radial and ulnar arteries were found to be uninjured, and there was sensation and motion in the extensor and flexor muscles of the hand.



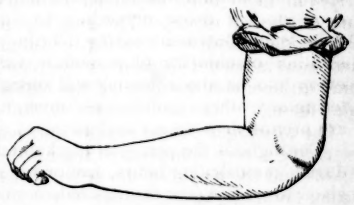
The patient being etherized, the wound and the condition of the bones was thoroughly examined by myself and Dr. T. R. Boutelle, when we at once decided to attempt to save the arm by excision of the joint.

I made a longitudinal incision on the posterior side about four inches long, and from that an incision at right angles externally, till it reached the lacerated wound through the joint. The flaps being dissected back, the whole of the articulating portion of the ulna and the external condyle of the humerus, being broken into fragments, were readily removed. The internal condyle, although perfectly detached from the humerus, was removed with more difficulty and care, owing to its relations to the ulnar nerve, which was dissected off without injury. The end of the humerus, being rough and covered with spicula, was everted, and removed by the ampu-

tating saw, just above the olecranon fossa. The end of the ulna was also everted and made smooth, with the bone forceps, at a point corresponding to the head of the radius, which was not injured, and was not removed. All loose shreds of soft tissue were removed from the wound; the flaps were brought together by sutures and adhesive straps; the limb placed on a splint; the forearm bent at an angle of 45°, and cold water dressings applied.

The flaps united by the adhesive process; but for several days serum and debris of injured tissue escaped from the hole through the centre of the joint. There was not an ounce of pus discharged from the wound during the process of cure.

Four weeks after the operation, the arm, being then bent at a right angle, was enclosed in a starch bandage. This was worn four weeks, when it was found there was some bony deposit about the joint, but not sufficient to prevent pretty free motion. Passive motion was now enjoined, and the limb dressed with thin pasteboard and a bandage.



From that time to the present, the arm has continued to improve, and has quite nearly regained all the motions of a natural joint. Six months after the injury, there is perfect pronation and supination of the hand; the forearm can be extended nearly as straight as the other, and can be flexed at the elbow so that the hand will traverse 120° of a circle. He can now lift a common pailful of water with the arm extended, and finds the limb daily increasing in strength and facility of motion.

The operation for excision of the elbow-joint was, according to Velpeau, first performed in Europe by Jaffrey in 1781. Since that period, and especially within the last quarter of a century, somewhat numerous instances have occurred in the practice of Roux, Velpeau, Langenbeck, Moreau, Syme, Spence, Erichson, Fergusson and others. "*Conservative Surgery*" has, however, recorded but very few successful achievements of this operation in our own country. According to Pancoast's Surgery, published in 1844, and from an examination of the leading medical journals since that period, only *five cases* of excision of the elbow-joint have, prior to the present case, been published by American surgeons; viz., one by Dr. Harris of Philadelphia, one by Dr. John C. Warren of Boston, one by Dr. Gurdon Buck of New York, one by Dr. Pancoast of Philadelphia, and one by Dr. Kimball of Lowell. It is probable, however, that the operation has been performed in this country in several instances which have not been reported.

Fitchburg, Mass., 1856.

OBSERVATIONS ON THE TREATMENT OF SCARLATINA.

BY ABRAHAM LIVEZEY, A.M., M.D., LUMBERVILLE, PENN.

[Communicated for the Boston Med. and Surg. Journal.]

HAVING been very successful in the treatment of scarlet fever, for several years past, by remedial means somewhat different from those usually recommended in the books, I respectfully submit the following synopsis of treatment to the consideration of the professional readers of the Journal.

In the several varieties, it is advisable, even if vomiting be present and the incipient symptoms be mild, to give ipecac to act as an emetic; follow with laxatives (as oil, leptandra, &c.), or enemata if the bowels are constipated. Should the surface be very hot, dry and burning, use tepid or cool spongings of water slightly acidulated with acetic acid; or, better still, a solution of chloride of lime (ʒ i.–ii. ad aquæ, Oi.), frequently employed so long as the surface is steadily and uniformly hot and dry. In connection with the sponging, small doses of ipecac or lobelia should be given, with a drop (or few drops, according to age) of tinct. belladonna until there is an abatement of the febrile paroxysm. In mild cases, a solution of chlorate of potassa,* with tr. fol. aconit., gtt. i. ad iij. every two or three hours, will obviate the necessity of administering any other medicine, *per orem*, after an emetic and laxative are premised.

Throughout the period of marked remission, always to be noticed during the morning hours, five or six grains of quinine should be given to a child 5 or 6 years old, on account of its antiperiodic, antiseptic, and supporting powers; or the following mixture. R. Quin. sulph., gr. x.; acid. sulph. arom., gtt. xx.; syr. simpl., ʒ i. M., of which a teaspoonful may be given every two hours to a child 2, 3 or 4 years old, during the remission; thus averting paroxysmal repetitions, and guarding against the access of the severer forms of the disease.

In the anginose form, emetics of ipecac or lobelia are very important, frequently rendering the disease mild in its subsequent course.

During a febrile paroxysm some mild nauseant should be given in small doses, repeatedly, until perspiration is induced, in conjunction with the sponging and solution of chloride of lime. Remission obtained, give the acidulated quinine syrup above mentioned. In this form of the disease, the throat must receive attention, and the best application is tr. iodini applied by means of a camel's hair pencil from ear to ear, *bis die*, until signs of vesication appear.

The tendency to cerebral affections, convulsions, &c., must be met, in addition to the local application of cold, by stimulating and relaxing enemata, capsicum and lobelia, salt, oil and molasses, &c. As soon as the tongue begins to clear, or part with its coat

* Potass. chlorat., half a drachm; aquæ, two ounces. A teaspoonful for a dose.

(which it does quickly and after the manner of a case of typhoid fever), and the active symptoms are somewhat in subsidence, the use of turpentine—a drop for every year—diffused in gum mucilage, with the addition of a few drops of sweet spirits of nitre, should be employed to increase the renal secretion, and thereby guard against the dropsical manifestation.

The suddenness with which life is sometimes terminated, from an attack of scarlatina maligna, seems to arise from an overpowering shock to the nervous system, communicated by the contagious poison, inducing symptoms of extreme depression by its baneful influence, suddenly. In such cases, no time is to be lost in rousing the energies of the system by establishing a reaction; and I have found quinine and aromatic sulphuric acid with tincture of hops, in a strong camphor mixture, given every two hours, produce beneficial effects promptly and more effectually than ammonia, even in large doses. It should ever be borne in mind, that one of the most striking peculiarities of epidemic diseases is the tendency to malignancy, or rapid states of exhaustion, which they are found to assume.

An emetic draught composed of ipecac and sulphate of zinc, or salt and capsicum, or mustard, is often highly advantageous in the beginning of scarlatina maligna, from the sudden shock produced by it upon the nervous system; and should be generally premised, before having recourse to the tonic medication above.

When the tongue is red and dry, with fissures observable in it, much thirst, and some fever with heat of skin, I always resort to soda bicarb. and gum acacia, alternating with turpentine, with satisfactory results. When the tongue has become moist and pale, the greatest benefit may be derived from the administration of aromatic sulphuric acid and quinine.

In conclusion, I hold that emetics, laxatives or enemas, quinia with or without the acid in the morning remissions, tinct. iodine to the throat when indicated, and sponging with a solution of chloride of lime during the febrile paroxysms, will bring every case of the anginose form to a haven of safety.

THE EFFECTS OF DENTITION ON NURSING CHILDREN.

BY M. TROUSSEAU.

[Clinical Lecture, delivered at the Hotel Dieu. Translated for the Boston Medical and Surgical Journal. From the Gazette des Hopitaux, Dec., 1855.]

THE most elementary questions in medicine are often the least understood. It would seem, at first sight, that we need not much concern ourselves about the trifles which daily swarm beneath the feet of the practitioner; but remember that Stoll has written a chapter entitled *De quibusdam magni momenti minutiis*, and learn early to neglect nothing.

The infant has twenty teeth, the adolescent twenty-eight, the

adult thirty-two. The evolution of the twenty teeth of the infant is not completed before the thirtieth to the thirty-sixth month; but they are only temporary, for, at the age of seven years, he begins to lose them, exchanging them for others which are more durable. This process is normally accomplished at thirteen or fourteen years. Except the great king, who formed an exception to everything, and who was born, it is said, with two teeth, the infant comes into the world with defenceless jaws, and it is not till towards the eighth month that the first milk teeth appear. But since the laws of nature are capricious, it often happens that one infant has teeth at four months, while another has none at the end of a year; hence no limits can be fixed. Generally, the two middle incisors of the lower jaw first appear, and I anticipate a stormy dentition whenever I see a child begin that process by the upper teeth. These two first teeth appear together, with an interval of twenty-four hours, forty-eight hours, four days, and sometimes a week, between them, but always *together*, remember, and they are the only ones which present themselves in this manner. Six weeks or two months afterwards, the two superior middle incisors make their appearance, not together, but at the distance of eight, fifteen or thirty days from each other. The process of dentition is thus very rapid for the first two teeth, and more slow for the others.

Meanwhile, two other teeth are about to protrude—the two lateral incisors of the upper jaw—very soon, one or two months, after the upper middle incisors. Towards the end of one year, the child has six teeth, and whereas he began with two lower, he has finished with four upper.

The teeth of children appear in *groups; dentes in infantibus catervatim erumpunt:* first group, two inferior, middle incisors, at about eight months; second group, two superior middle incisors, towards ten months; third group, two superior lateral incisors, at one year, more or less; fourth group, two inferior lateral incisors and the first four molars (six teeth in this group, from fourteen to eighteen months); fifth group, four canines, from eighteen to twenty-four months; sixth group, four second and last molars, from thirty to thirty-six months.

The canine teeth appear after the infant has twelve teeth, and when he is from eighteen to twenty-four months old; their evolution lasts from two to three months. The sixteen teeth then present an unbroken series. An interval of six months, sometimes of ten months, then takes places, and at the age of three years, when those of the last group have pierced the gums (the four second molars), the process of dentition is finished.

It is not without object that I have spoken of groups; you will see that a knowledge of this arrangement is very important in respect to weaning. It is a fact worthy of consideration that immediately after a group of teeth has appeared, there is an interval of rest for the child. Profit, then, by this interval to wean, for the moment is propitious. Do you know what is commonly done? Children are

weaned indifferently when they have two, seven, nine, eleven, fourteen teeth; no attention is paid to the number. Now, I entreat you to pay close attention to this, otherwise you will lose your little patients by that terrible affection of the intestines, *cholera infantum.*

You will often be consulted as to the time for weaning; never give an opinion, therefore, until after a scrupulous examination of the state of the dentition, and do not authorize the mother to wean her infant until it has six, twelve, or sixteen teeth. Good practitioners will never permit a child to be weaned after the evolution of the first two teeth; the patient is too young; he is ordinarily but eight months old. It is only by careful management that you will succeed after the eruption of the third group; still, if you are strongly urged by the parents, consent, for you have before you a month or six weeks of respite before the evolution of the fourth group. Allow it, then, in case of necessity, but never forget that the child has only six teeth, that he is only a year old, and that artificial alimentation will not always be successful.

The most favorable period for weaning is, beyond all doubt, the interval separating the fourth from the fifth group. The child, in fact, is armed with twelve teeth, eight incisors and four molars, and he has before him a tolerably long time of rest, about two months, during which there is no reason to dread any intestinal trouble, and when the canines begin to appear (which group causes the greatest danger in its evolution), he is accustomed to his new diet, and prepared for the crisis which he is about to undergo.

Learn, then, to wait until after the fourth group, before weaning. If the health of the mother or nurse, or the circumstances of the family, oblige you to authorize an early weaning, always see that there are six teeth; but if, on the contrary, you are not obliged to yield to considerations of this nature, do not allow weaning until you can count twelve.

Do not imagine that things always go on so regularly. You will see children who have the molars before the incisors, or the superior incisors before the inferior incisors; for although dentition ordinarily takes place in the way I have described, it is no less true that it frequently presents irregularities which greatly perplex the physician who is earnestly watching for an interval of repose. In such a case, do the best which the circumstances will admit of; examine the state of the gums, and have the child weaned immediately after the complete evolution of a tooth, which will probably be followed by a period of repose, during which you will have leisure to guard against evil consequences.

Among the affections which are common to dentition, the most important, the most grave and the most obstinate are seated in the alimentary canal. A few days before it begins, the infant is restless, wakeful, cries violently, sucks its fingers, bites the nipple, refuses to feed, if it takes supplementary nourishment, and sometimes will not nurse. Its gums are red, and there is a very evident prominence at the points which the teeth are about to pierce; there is

cough, the voice is changed, the mucous membrane of the mouth is irritated. From the moment the child has two teeth, the neighboring gums become inflamed, and the protruded teeth will be surrounded by a ring of red and swollen gum.

If you give mercury to a person who has no natural teeth, but who wears an artificial set, you will not see salivation, nor mercurial stomatitis, follow. But if the patient have a single tooth remaining which has escaped destruction, the effects of the mercury are manifested around it. The gum surrounding the tooth will inflame, while the rest of the mouth will be free from disease. The same is true with regard to the first two teeth; their eruption causes no affection of the gums, which, however, swell and become red with the evolution of the second and succeeding groups.

In almost all children the process of dentition is accompanied with diarrhœa. This is sometimes moderate, consisting of three or four dejections only, daily, but it is frequently excessive, with green stools, resembling chopped herbs, or grains of curdled milk, with glairy and sometimes bloody matter. In certain cases marked tenesmus manifests itself, with prolapsus of the rectum. These symptoms, which precede, by several days, the eruption of the tooth, often continue, and even last until the entire group penetrates the gums. If the diarrhœa does not cease, you are aware what treatment should be adopted, and what attention should be paid to the diet. You will restrain and mitigate it as much as possible.

Would you advise weaning during this diarrhœa? No, unless the nurse's milk seems to keep up the intestinal flux.

During the summer season, the injurious effects of dentition are chiefly directed towards the intestines, very rarely upon the air passages. Intestinal derangements, fever, peripneumonic catarrh, and other morbid pulmonary manifestations, occur in the winter.

I must warn you against a popular prejudice which I advise you to oppose on every occasion that offers. You will hear it said again and again that diarrhœa is beneficial to children; believe it not, for too often it will cause the death of your little patient. Diarrhœa prepares the way for chronic enteritis, and chronic enteritis debilitates and destroys its victims. On the contrary, restrain the intestinal flux, and you will find that the other symptoms are much better borne.

In the same way, it is considered highly advantageous to leave untouched the filth which covers the head of a new-born infant. This ridiculous prejudice no longer exists in England or America; let us do away with it here.

When, during dentition, the evacuations are merely more loose than common, without amounting to diarrhœa, this slight derivative effort requires no interference, but it should not be allowed to continue too long.

It has been said that convulsions are common with infants whose bowels are constipated, but do not attack those who have diarrhœa. This is not true. Convulsions almost always accompany diarrhœa, and are prevented by a good state of the bowels

I call your attention particularly to the diet, as a point of the greatest importance. If you neglect caution in this respect, you will have diarrhœa, followed by enteritis, serious indigestion and eclampsia. Nothing is more common than severe cases of indigestion, aggravated by enteritis, and leading to convulsions; and nothing is more alarming to the parents, who generally lose their senses, and while the domestics or the neighbors run to bring the doctor, the mother, following the advice of some officious gossip, pours hot water over the hands and feet of her infant; he is scalded, and dies from the effects of it. This reminds me of what occurred to an eminent brother-physician, Professor Marjolin, during the course of a typhoid fever, which threw him into a state of profound stupor. They applied to his legs napkins wet with water at a temperature of 158° Fahr. Large eschars followed, which were not completely healed for several months.

If convulsions occur, the less you do, the better. The attack, indeed, is most frequently over when you arrive, and although there may be a slight recurrence once or twice during the day, the remembrance of it, only, is left, the day after. If there have been indigestion, administer a laxative, in order to expel any undigested food; allow the child to nurse but little, give it water with some albuminous substance in solution, and in an urgent case, a bath, and you will soon see the alarming train of symptoms disappear. Almost any treatment succeeds in the majority of cases, even the infinitesimal doses of that absurd system—homœopathy.

PHOSPHATE OF LIME IN FRACTURES.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—I notice, in the last number of the Journal, an article founded upon the report in the *Gazette des Hopitaux*, of "some cases of fracture, in which the union of the bones appeared to be promoted by the administration of the phosphate of lime." A case of fracture of the humerus is cited, where, *without* the phosphate, union took place in *forty-five* days. Two weeks after, the patient fractured the arm again in the same place. Under the use of the phosphate of lime, the bones re-united in *thirty-five* days. Still again was the man unfortunate, and broke the callus a third time. This time the lime was administered, and in *twenty-five* days the bone was consolidated.

There is a query in my mind whether, in the case mentioned, the use of the phosphate of lime was really of any benefit. In cases of fracture where the bone has properly united, and shortly after the callus broken up, *is it not to be expected that union will naturally take place in a shorter period than it did at first?* The vessels which throw out the lymph must be larger, and the condition of all the tissues concerned must be more favorable to speedy effusion and

organization, than in the primary fracture. Thus it certainly appears to me. Doubtless in cases where union does not take place at all, on account of debility or some other cause, the use of the phosphate will prove highly beneficial. But in cases where the patients are robust and healthy, it appears to me that nature possesses ample means for the repair of fractures without the interference of art, any further than to place the fragments *in positio*.

If this is worthy, please give it a place in the Journal; and if the subject is not too trivial, may I ask the opinion of older and wiser heads than mine. A MEDICAL STUDENT.

Ashland, Ms., August 1st, 1856.

Hospital Reports.

BOSTON LYING-IN HOSPITAL.

Puerperal Mania. Recovery. Under the care of Dr. H. R. STORER.

Feb. 8th, 1856.—Mrs. George G., aged 24, Protestant Irish, was brought to the Hospital this day, violently insane, tied hand and foot and in charge of a policeman. Sent by her physician, Dr. Kennedy.

12, M., half an hour after admission.—Now calmer and more rational, but sullen and somewhat restless. Has a stupid and idiotic look. Thinks her husband and physician have been in conspiracy against her life. Pulse 80. Skin cool and moist. May have gruel and a full dose of oil, to be followed by an opiate. To have gentle, but decided supervision.

Upon inquiry, it was found that patient was confined twelve days since, on the 27th ult., supposed for the first time. Was in labor forty-eight hours. Violent convulsions most of the time, during one of which the child, a fine healthy boy, was born, entirely without her knowledge. Was held in bed, by main force, and got no other medicine than assafœtida. Previous to confinement had never given signs of insanity. Had been at times "a little odd," but no more than might have been explained by her naturally obstinate and passionate disposition. No family taint. Since confinement has had repeated attacks of violent mania, during which she has destroyed a large sum of money by fire, has cut her hair close to head, has attempted her own life, endeavoring to jump from a fourth story window, and that of her child, by throwing it from the bed to the floor. Fearing a repetition of this last conduct, the infant had of late been withheld, and the milk had much lessened in quantity. Child now to be restored, in hopes to engross patient's thoughts and to re-establish lactation. Upon receiving the child she evinces no aversion and appears pleased. On no account to be seen, or communicated with, by her husband or any of her former acquaintance—against all of whom she is now greatly enraged.

6, P. M.—In consultation with Drs. Dupee and Read. Pulse 76. Still quiet. In answer to a question, denies all recollection of the three days subsequent to confinement, and expresses the utmost hatred of her accoucheur, whom, however, she does not remember ever having seen. Says that she begged, before confinement, to be brought to the hospital for her lying-in; this statement, upon subsequent inquiry, proved true.

9th, 9, A. M.—Has had a quiet, though wakeful night, in the course of which expressed to another patient her intention to kill the nurse; nurse

accordingly much alarmed. Pulse now as yesterday. Looks brighter. May have gruel.

10, P. M.—Quiet. Pulse regular. Skin cool. Free operation from yesterday's medicine. Vaginal discharge slight. Milk of moderate quantity. Got valerian fl. ext. ℥i.

10th, 9, A. M.—Slept part of night; the rest of it was up and walking about the room. Now much as yesterday. Recollects her violence before entrance. Says she was then crazy, and attributes it to unkind treatment by her husband. Thinks that the matron and nurse are desirous, with the attending physician, of poisoning her. Is quiet. No change in pulse. Appetite tolerably good. Still to have gruel. May sit up part of day. Child, which had been greatly neglected before entrance, was found to have very sore mouth and excoriated flexures. Borax was yesterday applied to the former with relief, and the latter have much improved under nurse's care.

22d.—Was seen yesterday, in consultation, by Dr. Storer, Sen., and by Drs. Channing, Putnam and Townsend, Sen., the latter gentlemen having called on business connected with another case. Slept quietly, and was unaware that another patient had been delivered in the same room during the night.

26th.—Has steadily improved. Was at one time a little disposed to resist matron, but upon being summarily put to bed as punishment, thought best to yield. Is to-day menstruating, just twenty-eight days since confinement. Has now learned from other patients that she is under restraint, but does not rebel. The teeth, which were good previous to her confinement, are now very rapidly crumbling away, particularly in front.

March 10th.—Has greatly improved in mind, and expression of countenance much more natural Child nurses well. Complains of much dysuria, which she now first states has existed ever since confinement. A partial digital examination giving excessive pain, pessaries of belladonna ointment were ordered, and this treatment continued till the 17th, at which time the undue sensibility had entirely subsided; and upon more thorough examination, deep and very unhealthy ulcerations were found upon the cervix. These had at first a decidedly gangrenous appearance, which was not lost until after repeated applications, in consultation with Drs. Dupee and Read, of the acid nitrate of mercury. With their cure the dysuria entirely subsided. Has as yet been allowed to see none of her friends. Is now told that her husband has just deserted her; bears the news well.

27th.—Seen to-day, in consultation, by Dr. J. W. Warren, a trustee of the Hospital. Thoroughly cross-examined, and gave no evidence of insanity. As at first, recollects nothing of her confinement and the three days succeeding. The statements she now gives of her family troubles prove in accordance with fact. To-day, confesses to have been previously pregnant; at which time, fourteen months since, against her own will, but at the desire of her husband, abortion was induced by a notorious female in New York. She was then six months gone.

31st.—Now again menstruating. Discharged well.

There could be no doubt of the exciting cause of the mania in this case. Though the patient had previously known that her husband had two children by another woman in New York, she had just learned that he was also married to this rival.

The treatment was necessarily little more than moral; and this, as gentle as possible, was made assiduous and firm. There might, at first, have

been doubt as to the propriety of restoring the child, in opposition to much weight of authority, but the result proved good. From the outset, after entrance, there were no signs of fever—a cool skin and quiet pulse. The restraint was at no time solitary or attended with force. The gangrenous state of the cervix uteri is interesting as in accordance with the well-known tendency to such deficiency of vital action in the insane.

Bibliographical Notices.

The Causes and Curative Treatment of Sterility, with a Preliminary Statement of the Physiology of Generation. With Colored Lithographs and numerous Wood-Cut Illustrations. By Augustus K. Gardner, A.M., M.D., Permanent Member of the National Medical Association; Fellow of the New York Academy of Medicine; Member of the Massachusetts Medical Society; Member of the New York Pathological Society; Late Instructer on Diseases of Women and Children in the New York Preparatory School of Medicine; Physician for Diseases of Women, in the New York Northern Dispensary; Author of Monographs on Ergot, Uterine Hemorrhage, Rupture of the Perinæum, &c. New York: De Witt & Davenport. 8vo. pp. 170.

This book is divided into three parts. The first consists of an outline of the physiology of generation, according to the present views of the best authorities; the second treats of the "Pathology of Sterility," and the third of its therapeutics. The first division contains nothing worthy of note; it is, of course, superficial, being intended only to render more clear the doctrines set forth in the rest of the work. The second part enumerates the various causes of sterility, such as stricture, and other diseases of the vagina, disorganization of the womb, including diseases of the os, leucorrhœa, polypus, catarrh of the lining membrane, obliteration of the cavity, ossification, &c.; displacements of the womb; stricture, rupture and displacement of the Fallopian tubes; degeneration of the ovaries, &c. The division of therapeutics embraces the treatment of imperforate hymen, of stricture of the vagina, of polypus, of ulceration of the os uteri, of stricture of the cervix, &c. The so-called ulceration, or granular state of the os uteri, is considered by the author to be by far the most common cause of sterility, and he thinks it is in most cases easily cured by lightly touching it with the solid nitrate of silver. A careful perusal of the work convinces us that it contains nothing new of any value, and we cannot recommend it as a useful addition to what we already possess in the literature of this interesting and difficult subject of medical inquiry.

We would gladly take leave of Dr. Gardner's book without further remark, but our duty compels us to say that apart from its indifference as a scientific work, it is open to criticism on account of the numerous grammatical errors it contains, the obscurity and coarseness of its style, and especially the apparent aim of the author to address the public through his pages. The following quotations are examples of the faults of style to which we have alluded:—"Occasionally these conditions arise from a defect in the provisions of nature, almost always, however, are the consequences of disease."—*Preface.* "A lady who recently came under my notice, had been married some ten years, and with whom, for this reason only [the existence of a very firm hymen], sexual intercourse had never been consummated, false modesty being overcome, she applied to her physician, who

consulted me," &c.—(p. 62.) "Such a condition of the os and cervix will be manifested by *little* general symptoms other than debility," &c.—(p. 95.) "There *is* usually certain physical peculiarities," &c.—(p. 109.) The following sentences on the same page, are sufficiently obscure: "I have met with several cases of this character, where there was an absence of the uterus, or where there was evidently an uterus, but where there never was any menstrual secretion. One where I made a post-mortem of a lady nearly a century old, who had never menstruated or borne children, and where atrophy of the ovaries and obliteration of half the cavity of the uterus existed, and all had marked peculiarities of temper, feelings, and tastes. The maid who had never menstruated had suffered from various maladies, and was fickle and changeable in taste and manners. Both the others manifested no fondness for men's society; one married for a home; the other 'went to parties to hear the music and to get a good supper;' both were excellent housekeepers; both were severe in their judgments of their friends, and had no compassion for 'lovely woman stooped to folly.' Neither of these two was squeamish in her actions, and possessed little delicacy or the soft attributes of woman."—(p. 109.)

The nature of his subject is no excuse to the author for indelicacy; on the contrary, in all that relates to the diseases of females, every practitioner is bound to repress all coarseness, as well of language as of conduct. The frontispiece serves as an exponent of the character of the work in this respect. It is wholly unneeded, and had much better been omitted.

The character of the work is essentially *ad captandum*. The very title page exhibits this, in the long string of titles after the author's name. The manner of allusion to other practitioners is, to say the least, in bad taste: "My esteemed friend, the erudite Professor of Obstetrics in the New York Medical College, Dr. B. Fordyce Barker;" "My highly esteemed friend, Dr. Sims;" "I assisted my friend Dr. Sims in his operation, *the* operation of this century." (!) The dedication to Dr. Sims is a masterpiece of absurdity and bad taste.

We regret to be obliged to speak thus of this work. The experience of Dr. Gardner, in the diseases of women, led us to expect something really valuable from his pen. We hope, when he next appears in print, we may have as much occasion to praise, as we now have to blame.

New Remedies: with Formulæ for their Preparation and Administration. By Robley Dunglison, M.D., Professor of the Institutes of Medicine, &c., in the Jefferson Medical College of Philadelphia. Seventh Edition, with numerous additions. Philadelphia: Blanchard & Lea. pp. 769.

This new and much enlarged edition of Dr. Dunglison's very valuable work will be welcomed by the profession, already well acquainted with its merits. In his Preface, the author gives a list of those remedies emphatically "*new*," and which are for the first time incorporated into the work. They are twenty-eight in number; four of them are remedies by instrumental or mechanical processes: viz., *Cauterization and catheterism of the larynx and trachea; Congelation; Galvanic cautery; Inunction.* In concluding his notice of the first of these means, Dr. Dunglison says, "there can be no doubt that injections can be thrown into the bronchial tubes; but it is difficult to suppose, that they can often reach tubercular excavations in such quantity as to exert any direct action on the diseased surface. In many cases of bronchitis, however, they may prove beneficial; and for whatever advantage may have been, or may be derived from the immediate

application of medicinal agents to the lining membrane of the air passages below the rima glottidis, the credit must be mainly ascribed to Dr. Green." —p. 193.

On page 533, is the following, in relation to a somewhat popular preparation of opium. "A preparation, termed *M'Munn's Elixir of Opium*, has been introduced into American practice with many testimonials in its favor; but the formula for its preparation is kept secret; and, therefore, it merits no farther notice here." There are many other things similarly situated, yet used daily by practitioners, which are equally worthy of ostracism.

Large additions have been made to the accounts of the different medicines described in the former editions, and the whole work is fully brought up to the knowledge of the present day. We notice, in the supplement, reference, in one or two instances, to discussions and opinions upon the action and value of certain medicinal agents reported among the Records of the Boston Society for Medical Improvement.

In this portion of the volume is a notice of the "Saccharine Carbonate of Iron and Manganese," recommended by Dr. S. T. Speer, as "preferable to every other chalybeate; and wholly free from inky flavor."—(p. 733) The trials made with this preparation by the profession here, have, we believe, been altogether in its favor.

The vast research and thorough information which the author has brought to the execution of his labors, are evident upon every page; and he is entitled to the hearty thanks of his brethren for this and the many other good things which he has done. Few would willingly be without this excellent volume who desire not only to know "new remedies," thoroughly, but also to test their efficacy. The author's modest motto, "*prodesse quam conspici*," is likely to be amended by the substitution of *et* for *quam*—for, by doing good and doing it well, he must become distinguished, whether he will or not.

The volume is unusually well and correctly printed, the page having been somewhat enlarged in order to embody the additions without greatly increasing the bulk of the book. Altogether, it is one of the most sightly and acceptable issues with which the enterprising publishers have for a long time favored us. For sale in Boston by Ticknor & Fields.

Woman; her Health, Beauty and Intellect preserved from Premature Decline, with Directions how to avoid the Causes which so early induce Old Age. Addressed to Mothers and Daughters. Translated from the French of Dr. ROZIER, with additions by an American Physician. Boston: Redding & Co. 1856. 12mo. Pp. 304.

This book belongs to a class of publications of which the less said the better. Its ostensible purpose is to correct an evil whose extent has been vastly overrated; we believe that its real tendency is to increase that evil.

Blanchard & Lea's Publications.—We take pleasure in calling the attention of physicians to Messrs. Blanchard & Lea's new Catalogue, which contains a very large collection of the best works in every department of medicine and surgery. The convenience of this catalogue is greatly enhanced by the addition of the *prices* of the publications. To those who have not convenient access to bookstores, the publishers offer to forward their works by mail, free of postage, on receipt of the printed prices.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 7, 1856.

OUR NEW VOLUME.

With this number, the fifty-fifth volume of the Journal begins. It is our constant endeavor to improve, so far as in us lies, the character of this long-established periodical. We can, with truth, announce it to be in a flourishing condition, and there is much to encourage us with regard to its future prospects. Its issue, *weekly*, we are assured, continues acceptable to numerous practitioners whose leisure rarely allows them to peruse the whole of the contents of a monthly or quarterly journal; and as we believe it now stands nearly, if not quite, alone (not having seen the only other weeklies we are cognizant of, for some time, and supposing their *death* —for which, however, we should be sorry), we take it for granted that it will find continued, and perhaps greater, favor. It is our intention to furnish its readers with the medical news of the day, and especially that which relates to our own country.

Whilst we are hardly ever without some original and practical communications, we have still to regret that so few of the profession in Boston and its vicinity find the time to give our readers the benefit of the experience they are continually accumulating. If we except the reports made to the different societies, and an occasional hospital report, we get comparatively very little from our brethren here, wherewith to enrich our pages. To those gentlemen who constitute the exception to this rule, we now tender our sincere acknowledgments, and request them to persevere in such good deeds—we are not without hope that their example will be followed by others.

Not being willing, however, to trust wholly to this probable salutary influence, we have constituted ourselves a *press-gang*—and have inveigled some, and badgered others, into an agreement to furnish us with articles, from time to time, of practical import, and of such length as may suit their convenience and meet the requirements of their subjects. In this way, we hope to have always in store valuable and interesting matter, and never to be reduced to avow that our "boxes" are "empty." Let our contributors at a distance continue to remember us; we are especially avaricious of well-reported *cases*—new methods of *treatment*, not speculative merely, but accompanied by proof—*inventions*—descriptions of *apparatus*—and whatever else really tends to advance the "healing art."

With regard to new publications, notwithstanding our space is limited, we intend to assign a proper proportion of it to their examination. This is an interesting and important department; and although we have once or twice, since taking charge of the Journal, heard the "Review" deprecated as being too bulky, and occupying room better devoted to practical details—we still believe that, occasionally, it is an advantageous way of bringing many points directly before the members of the profession, which otherwise they might notice less, and would be sorry, at all events, to ignore. We have not, however, with our own hands, inflicted a review upon our readers but *once;* and the others, we believe, were welcome to them.

This is always a somewhat interesting epoch for an editor—there is a freshness about a *new volume* which is reviving, and, at the same time, it is

rather an element of increased responsibility. "*Nulla vestigia retrorsum*," we should like to say;—and we respectfully ask all our friends to assist us in "making tracks" *forward!* They must not suppose that there are no drawbacks—no clogs to our wheels—but we will say nothing about these if we only "get a lift" from them now and then.

Will correspondents indulge us in one or two things, which we look upon quite in the light of *institutions*, as the phrase is; viz, To prepare their manuscripts *legibly*, on *alternate* pages, with a reasonable sprinkling of *punctuation*, somewhat of a leaning towards *good grammar*, and a little more condensation of the matter communicated? It would hardly be believed how frequent, and absolutely *necessary*, a procedure it is, with us, to re-write entire articles. Be charitable to our compositors, likewise;—their wrongs are many—their patience is great—their labors are unremitting and marvellous. We have sometimes thought it would be "the thing," to print certain communications *just as received*. There would be a spice of novelty in this, that is worth thinking of—perhaps we will, some day.

Subscribers should remember that it is pleasant they should be so *en permanence*, and that new accessions to their ranks are always acceptable! We know that our excellent publisher will endorse this assertion. There is probably only one thing which would be more gratifying to him, and that is, *universal* promptitude in payments—a great thing, that! So

> Let those take still, who always took before,
> And those who never took, take all the more!

We have either dreamed it, or our efficient book-keeper told us (and he, though *many-tongued*, is truthful), that there have been—nay are—those who have not "settled" for the Journal, either at the "office" or elsewhere, for the modest little period of *ten years*. Think of a *decade* of *free* Journals like ours! We are convinced that such delinquents have only *to think* of it, seriously, to appreciate so monstrous—we should once have said, so unheard of—a negligence. May these our intentions, wishes and suggestions meet with the kindly consideration we invoke for them.

BOSTON DISPENSARY.

This institution is now in operation, under the new regulations; and, already, many patients have received medical and surgical advice, with medicines, at the Central Office, corner of Bennet and Ash streets.

Those who send patients for advice, will confer a favor upon the attending physicians and surgeons, by directing them to be at the Dispensary building as nearly as possible at the hours prescribed. The hour for medical consultations is from 9 to 10 o'clock, A. M.; for surgical patients, from 10 to 11 o'clock.

On Wednesdays and Saturdays those suffering from affections of the skin will be attended by Dr. Durkee, between 9 and 10 o'clock, A. M.

Physicians, or others, who wish to assist the institution, can do so by donations of books treating of medicine and surgery, surgical instruments, and similar appliances. It is believed that there are many volumes, which practitioners might spare from their libraries, that would be of service at times; the same may be true of instruments, &c. We hope the profession and others will remember the wants of the Dispensary in these respects. With full means, a vast deal may be done, in the mode proposed, for the sick poor. It should be borne in mind that the cost of sustaining an establishment of this sort is of necessity large; no assistance, therefore, will ever be untimely, or misplaced.

We append the names of the *Visiting Physicians*:—District 1, Dr. C. W. Moore, 278 Hanover St; District 2, Dr. M. B. Leonard, 7 Meridian St.; District 3, Dr. John A. Lamson; District 4, Dr. C. G. Page, 69 Myrtle St.; District 5, Dr. Alfred A. Stocker, 89 Harrison Avenue; District 6, Dr. Z. B. Adams, 1 Fayette St.; District 7, Dr. S. L. Sprague, 974 Washington St.; District 8, Dr. J. S. H. Fogg, 325 Broadway, South Boston.

Health of Boston.—During the last week the mortality of our city has taken a sudden and extreme rise, 98 deaths being reported, in place of 66 of the previous week. Of these 11 were the effect of accidents, leaving 87 from disease. Although the week has been much cooler than the two preceding, the prevailing disenses are to be attributed to great heat. Hence, the maxim, *sublata causa, tollitur effectus*, does not always prove true in medicine; indeed, the influence of the late severe heat will undoubtedly be felt through the season. Cholera infantum has been very fatal, numbering 17 victims. The deaths from "sun-stroke" were 6; from scarlet fever, 7. Consumption has risen to its usual level, having caused 10 deaths. The mortality has chiefly affected children, no less than 52 deaths having been of those under 5 years.

The *Montreal Medical Chronicle*, in a notice of Dr. Bozeman's article on Vesico-Vaginal Fistula, speaks of "Dr. *Mario* Sims of Boston." We presume it has been led into error by Mr. Isaac Baker Brown, of London, who published a work on the Surgical Diseases of Women. We need hardly inform our readers that Dr. J. *Marion* Sims, the distinguished surgeon to the Woman's Hospital, is a resident of New York.

The annual meeting of the American Pharmaceutical Association will be holden at Baltimore on the 9th of September next The objects of this Association deserve all praise, and we hope that every druggist and apothecary of repute in the United States will join it and aid in furthering them.

Etiology of Congenital Deafness.—In a paper read before the French Academy of Medicine, M. Ménière states that the intermarriage of relations has more effect than any other cause in producing deaf-mutism. This is shown by the fact that the disease is nowhere so common as in those isolated communities where almost all the inhabitants are related to each other, as the Canton of Berne, in Switzerland, where the degeneracy of the race is seen in all its deformity—cretinism, idiocy and congenital deaf-mutism. —*Gazette des Hopitaux.*

Erratum.—On page 520, line 13th from top, for *one fourth* read *one and three fourths*.

In the notice of Prof. John Locke's death, in the number for July 17th, he is stated to have been born at Fryburgh, N. H. A correspondent writes us that there is no town of that name in New Hampshire, and that Prof. Locke was born at Lempster, N. H.

Deaths in Boston for the week ending Saturday noon, Aug. 2d, 98. Males, 47—females, 51. Accident, 3—asthma, 2—inflammation of the brain, 2—congestion of the brain, 2—burned, 7—consumption, 10—convulsions, 3—cholera infantum, 17—cholera morbus, 1—croup, 3—dysentery, 1—dropsy, 1—dropsy in the head, 5—drowned, 1—infantile diseases, 4—puerperal, 1—drinking cold water, 1—exhaustion, 1—typhoid fever, 2—scarlet fever, 7—disease of the heart, 2—intemperance, 2—inflammation of the lungs, 1—marasmus, 1—old age, 1—pleurisy, 1—scalded, 1—sun-stroke, 6—teething, 4—tumor on knee, 1—unknown, 3—whooping cough, 1.

Under 5 years, 52—between 5 and 20 years, 11—between 20 and 40 years, 16—between 40 and 60 years, 13—above 60 years, 6. Born in the United States, 70—Ireland, 23—England, 2—Germany 2—France, 1.

Appointment of Dr. Willard Parker.—The governors of the New York Hospital have filled the vacancy in the surgical staff of that Institution, occasioned by the resignation of Dr. J. C. Cheeseman, by the appointment of Prof. Willard Parker. Dr. Parker has been for some years one of the surgeons at Bellevue Hospital, a post which he will doubtless now resign. He was originally from Massachusetts, and is one of the most successful and respected practitioners in New York.

Alkaline Treatment in Rheumatism.—The (Burlington) Medical and Surgical Reporter gives a table of twenty-six cases of acute rheumatism treated by the alkaline method, in New York Hospital, under the care of Dr. John H. Griscom. The average time that the patients were under treatment was about thirteen days, and the whole duration of the attack twenty-one days. The treatment consisted in the administration of the supertartrate of potassa and soda, every hour, and the application of an alkaline and opiate lotion to the swelled joints. As the urine became less acid, corresponding improvement in the symptoms was noticed.

Medical Journals in the City of New York.—The N. Y. Daily Times of last week says—"The rumor goes that Dr. Purple's *Journal of Medicine and the Collateral Sciences*, whose July number has not yet been issued, is *not* to be discontinued. The *Medical Times*, edited by Dr. Bulkley, will continue until the end of its current volume, after which it will be united with the *Journal*, and the twain will be edited by Messrs. Purple & Smith. Rumor further adds, that friends of these journals have contributed $1,000 to keep them going. We are glad of it; for they furnish, during the year, a good deal of valuable professional reading."

Treatment of Erysipelas.—M. Velpeau gives the results of his treatment of 1000 cases of Erysipelas. He places the greatest reliance in *iron*. He employs the *proto-sulphate of iron* in solution, about twelve grains to the ounce of water—or as an ointment, eight parts to thirty of lard. In forty cases in which this was exclusively used, the erysipelas yielded in from twenty-four to forty-eight hours. The ointment is more easily applied to some parts than the lotion, but is somewhat less efficacious. It should be used about three times a day. The lotion should be applied by soft compresses or cloths kept constantly moist.—*Bull. de Therap.*

Insanity in India.—Of insane persons, the cures to the admitted in Bengal are 52–60; while in eleven different asylums in Great Britain which have been selected from a recent report for comparison, there were only 37–04. One of the explanations of this circumstance appears to rest in the fact that a very considerable proportion of those admitted as insane to the jail hospitals, and probably also to the asylums, are wretches crazed by the excessive use of narcotics, especially of gungah, and then excited to temporary madness by the brutal and violent practices of those about them, with a view to expel the demon with which it is believed they have become possessed. The reporters find that in nearly one-half of the cases, insanity is attributed to gungah smoking. The natives are very seldom sent, in the acute stage of insanity, to asylums; the manifestations of the disease are not usually so violent in natives as in Europeans, and the former are more tractable as patients than the latter.—*Report on the Lunatic Asylums in the Bengal Presidency.*

Appointments, Resignations, &c.—At a meeting of the Board of Managers of the Western Pennsylvania Hospital, held on Saturday, April 19th, Dr. J. A. Reed was elected Physician to the Insane Department of that Institution.

In the Lunatic Asylums of Ohio, there has been an entire change of medical officers. Dr. R. C. Hopkins, formerly Assistant Physician in the Asylum at Columbus, has been appointed to succeed Dr. Firestone in the Superintendency of the Northern Ohio Lunatic Asylum at Newburgh. In the Central Ohio Lunatic Asylum at Columbus, Dr. R. Hills succeeds Dr. Eels; in the Southern Ohio Lunatic Asylum, Dr. J. J. McIlhenny has been appointed in the place of Dr. Clements; and Dr. O. M. Langdon succeeds Dr. Quinn in the charge of the Hamilton County Lunatic Asylum at Cincinnati.—*American Journal of Insanity.*

Jefferson Medical College.—The number of graduates of this Institution from the first commencement held in 1826, to that of 1856 inclusive, is, according to a catalogue recently published, 3,597.